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ABSTRACT

This module is designed to familiarize the student training to be a regular physical education teacher with the needs of mainstreamed handicapped students they are likely to encounter in a regular classroom situation and with how to meet these needs through modifying the regular physical education class. Topics covered are: (1) legal provisions of public law 94-142 and Section 504; (2) types of handicaps most likely to be mainstreamed (background, limitations); (3) teaching the special child in the physical education class (assessment, evaluation, modifying lesson plans); and (4) selected activities in specific areas (fundamental movement approach, activity approach). Sample forms for student evaluation and for devising an individualized education program are included as well as a two-page bibliography. (JD)

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ADAPTIVE PHYSICAL EDUCATION: INSTRUCTIONAL MODULE FOR PHYSICAL EDUCATION MAJORS

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AACTE Grant for Small Colleges
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INSTRUCTIONAL MODULE FOR PHYSICAL EDUCATION MAJORS

WITH

MAINSTREAMED HANDICAPPED STUDENTS

I. AIM OF THE MODULE

The intent of this module is to familiarize the student training to be a regular physical education teacher with the needs of mainstreamed handicapped students they are likely to encounter in a regular physical education class, and how to meet these needs through modifying the regular physical education class.

II. OBJECTIVES OF MODULE

After completing this instructional module, the student will be able to:

A. demonstrate familiarity with the various types of handicapped students most likely to be found mainstreamed into a regular physical education class, and recognize the limitations placed upon a student with such handicaps.

B. discuss legislation which has directly affected the teaching of handicapped students.

C. identify the components of an individualized educational plan and relate these to the teaching of physical education.

D. select and administer appropriate instruments for the assessment and evaluation of the physical skills of the handicapped student.

E. list specific activities by which the regular physical education curriculum can be modified to provide for the needs of the handicapped student.

F. write a lesson plan for a regular physical education class including modifications necessary for the handicapped student.

III. REQUIREMENTS

Each student completing this module will be required to:

A. complete the required readings for each component and answer the study questions accompanying these readings.

B. conduct a case study of a handicapped student now enrolled in one of his/her regular physical education classes. This should include observation of this student, examination of his IEP and an interview of his special education teacher.

C. rewrite existing lesson plans for one week including modifications made for this handicapped student.

D. teach the modified lesson plans to the class the following week.

IV. EVALUATION

All requirements of the module must be completed to the satisfaction of the college supervisor to obtain a grade of "pass" in the winter internship program.

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INSTRUCTIONAL MODULE FOR PHYSICAL EDUCATION MAJORS WITH MAINSTREAMED HANDICAPPED STUDENTS

INTRODUCTION

Until the late 18th century, exceptional children were not educated at all. The best that these children could hope for was to be protected. But slowly, ideas began to change and these children were increasingly viewed as educable. Today, through recent legislation, all exceptional children are assured of appropriate educational experiences which will enable them to reach their full potential. As a result of this, many educators not trained to teach special children are, nonetheless, finding exceptional children in their classrooms. This module is an attempt to help the physical education teacher provide for the special needs of the exceptional child in the regular physical education class.

A. LEGISLATION

Readings; pp. 221-236 in Ysseldyke/Algozzine, "Critical Issues in Special and Remedial Education."

A. 1. Pl 94-142 AND SECTION 504

Historically, legislation passed relating to handicapped children has been permissive but not mandatory. This means states were allowed to provide special education, but not required to do so. In recent years, however, several federal laws have been passed which require a state to provide education for handicapped students if that state is to receive federal aid. Two of these laws are especially important to the understanding of our present system of special education.

The Rehabilitation Act of 1973 prohibits discrimination of any form against the handicapped. One part of this law, Section 504, specifically states that: "No otherwise qualified handicapped individual...shall be subject to discrimination under any program or activity receiving federal financial assistance." Since nearly all public schools obviously qualify as programs receiving federal financial assistance, handicapped children must be presented with the same educational opportunities as normal children for the state to be in compliance with Section 504. This act was an important step forward in the rights of handicapped children to an education, but it was very general. It remained for the Education for All Handicapped Children Act of 1975 to spell out specifically the requirements for educating the handicapped.

This Act is commonly referred to as PL 94-142. The PL stands for Public Law. In short, it states that in order to receive federal funds, schools must provide free, appropriate public education for every child regardless of handicaps. PL 94-142 puts forth six basic principles in the education of handicapped children.

First of all, there must be a program for every child regardless of type or severity of handicap. No child can be denied an education, and this education is

at public expense.

Secondly, each child is entitled to nondiscriminatory evaluation. That is, the procedures used to evaluate the child must not be biased against race, cultural background or handicap. No single evaluation is sufficient.

The third provision of this law is that the education each handicapped child receives must be appropriate to his needs. This provision is the basis for the IEP or Individualized Educational Plan. The IEP is a written statement of the educational program designed for each individual child. This will be discussed in more depth later.

The principle of Least Restrictive Environment or LRE is the fourth principle of PL 94-142. The idea behind least restrictive environment is that the services provided for the handicapped student are best given in the environment which, for that child, places the least limitations upon him. The idea of mainstreaming is closely tied to the principle of least restrictive environment. This, too, will be dealt with in more detail at a later time.

The final two principles of PL 94-142 are closely related. The law provides for the participation of the parents in the education of their child, and it provides for due process for the parents and child. Briefly, due process means that the parents and child are entitled to a hearing, that parents must be given written notification of educational procedures, and that parents may withhold permission for initial testing to take place. The parents also have access to the child's confidential records.

This law has been heralded as a turning point in the education of handicapped children. It has been the basis of our present system for providing educational services to the handicapped.

STUDY QUESTION A1: List the six provisions of PL 94-142. What do you see as being the limitations of this law?

A. 2. INDIVIDUALIZED EDUCATIONAL PLAN

One of the mandates of PL 94-142 is the Individualized Education Plan or IEP. While the federal law does not state how much detail should be included, it does provide some fairly rigid guidelines as to what should make up the IEP.

PL 94-142 states that the IEP must include:

a. a statement of the present levels of education performance...

b. a statement of annual goals, including short-term objectives...

c. a statement of the special educational services to be provided... and the extent to which the child will be able to participate in regular educational programs

d. the projected date for initiation and anticipated duration of such services, and appropriate...evaluation procedures and schedules for determining...whether instructional objectives are being achieved.

The IEP is meant to safeguard the appropriateness of the program for an individual child, the delivery of that program and its evaluation. Only those areas requiring special services must be included. The IEP is to be reviewed annually by the IEP Committee.

IEP's will vary greatly in form and amount of detail from school district to school district. But all IEP's are written by a committee of people, rather than by one individual. This committee consists of the student's teacher or teachers, a special educator other than the child's teacher, the child's parents, an evaluation expert, the student if this seems appropriate, and any other individuals deemed desirable by the school or parents. Together, these people write a program designed to best meet the educational needs of this individual student. A sample copy of an IEP is included.

STUDY QUESTION A2: What are the four parts of an IEP? Will physical education always be included in an IEP? Why or why not?

discretionary use only. May be modified and/or copied to meet LEA specific needs.

IEP From: _____

To: _____

INDIVIDUALIZED EDUCATION PROGRAM

SAMPLE IEP FORM 2: Suggested Best Practices

MEETING PURPOSE

Date

- ☐ Multidisciplinary Conference _____
- ☐ IEP Meeting _____
- ☐ Annual Review _____

☐ New ☐ Continuing ☐ Change ☐ Transfer ☐ Termination

IEP PROCESS CHECKLIST

Date

- ☐ Initial Referral Made _____
- ☐ Parents Notified (Evaluation)
- ☐ Parents Approval Obtained for Evaluation
- ☐ Non-Academic and Academic Observations Completed
- ☐ Student Evaluation (formal and informal) Completed _____
- ☐ Parents Notified and Invited to Multidisciplinary Conference
- ☐ Multidisciplinary Conference Held _____
- ☐ Parents Informed of Rights
- ☐ IEP Placement and Program Recommendations Made
- ☐ Parental Permission for Placement Obtained
- ☐ Parents Informed of Appeals Procedure
- ☐ Parents Notified of and Invited to IEP Meeting (if separate)
- ☐ IEP Meeting Held (if separate) _____
- ☐ Program Entry Date Selected _____
- ☐ Annual Review Date Selected _____
- ☐ Re-evaluation Date Selected _____
- ☐ ILP Completed _____
- ☐ IEP Signed by Meeting Participants _____

SAMPLE

YEARLY CLASS SCHEDULE

	TIME	SUBJECT	TEACHER
FIRST SEMESTER			
SECOND SEMESTER			

IDENTIFICATION INFORMATION

STUDENT'S NAME			I.D. NUMBER
SEX	BIRTHDATE	AGE/C.A.	GRADE
MOTHER'S NAME		HOME PHONE	BUSINESS PHONE
ADDRESS			
FATHER'S NAME		HOME PHONE	BUSINESS PHONE
ADDRESS			

CHILD'S ADDRESS IS: ☐ Same as Mother's ☐ Same as Father's

ETHNIC GROUP	LANGUAGE OR MODE OF COMMUNICATION In the Home	Of the Child

DISTRICT OF RESIDENCE

EXCEPTIONAL CHARACTERISTICS - ELIGIBILITY	SEVERITY

PRIMARY SPECIAL EDUCATION PLACEMENT:

- ☐ District Program ☐ Nonpublic ☐ 14-7.02 ☐ 14-7.03a
- ☐ Joint Agreement Program ☐ Residential ☐ 14-7.02a ☐ 89-313
- ☐ Regional Program ☐ Day ☐ 14-7.03

TRANSPORTATION HANDLED BY:

- ☐ District ☐ Other (Specify) _____
- ☐ Joint Agreement _____

TRANSPORTATION TYPE:

- ☐ Regular
- ☐ Special

HEALTH INFORMATION (Report of Medical History and Current Health Status)

IMMUNIZATION IS: ☐ Complete ☐ Not Complete

- * Last Vision Screening: ☐ Pass ☐ Not Pass Date: _____
- * Last Hearing Screening: ☐ Pass ☐ Not Pass Date: _____
- Last Medical Evaluation: ☐ Pass ☐ Not Pass Date: _____

* Completed at time of evaluation or within previous six months.

SIGNIFICANT FINDINGS AND CURRENT HEALTH STATUS:

Vision _____
Hearing _____
Physical _____
Medication _____
Side Effects (if any)

DOCTOR'S NAME	PHONE

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CASE STUDY EVALUATION

PRE-ASSESSMENT INFORMATION

	MAJOR CONCERNS	PERSON NOTING CONCERN	DATES
Reason for Referral			
Significant Teacher Observations (Special and Regular Teachers)			
Assessment of Learning Environment			
Significant Parental Input or Concerns			
Social Developmental Study (Adaptive Behavior and Cultural Background)			
Review of Academic History			
Significant Cumulative Folder Information			
Other Agency Involvement (Past or Present)			
Interview with Child			

SAMPLE

LIST ALL POSITIVE AND NEGATIVE FORCES AFFECTING THE STUDENT IN HOME AND SCHOOL ENVIRONMENT

SUPPORTIVE	CONSTRAINING	MOTIVATING	FRUSTRATING

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ASSESSMENT INFORMATION

EVALUATION PROCEDURES (Based on Areas of Major Concern((see page 2)

*** Types of Assessment Information**
Standardized Tests: Normed/Criterion
Rating Scales
Observations: Formal/informal
Interviews
Checklist
Informal Assessment

AREA	TYPES OF ASSESSMENT INFORMATION*	STANDARDIZED TEST (Name Instrument)	DATE ADMINISTERED	PERSONS RESPONSIBLE FOR EVALUATION
Math: Computation				
Reasoning				
Reading: Recognition				
Comprehension				
Spelling				
Prevocational/Vocational				
Speech				
Listening Comprehension				
Written Expression				
Expressive Language				
Receptive Language				
Visual Perception				
Auditory Perception				
Social/Emotional Behavior				
Gross Motor				
Fine Motor				
Self-Help Skills				
Other (Specify)				

SAMPLE

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PRESENT LEVELS OF EDUCATIONAL PERFORMANCE (Significant Findings and Interpretations)

IDENTIFIED AREAS OF STRENGTH	LEVEL OF PERFORMANCE (attach additional pages, if necessary)	DESCRIBE PERFORMANCE (observable behavior)

IDENTIFIED PROBLEM AREA	LEVEL OF PERFORMANCE (attach additional pages, if necessary)	DESCRIBE PERFORMANCE (observable behavior)

IDENTIFIED PROBLEM AREA	LONG RANGE GOALS (2 or more years)	ANNUAL GOALS (Prioritized)

SAMPLE

STUDENT INTERESTS

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TYPE	FREQUENCY	AGENCY PROVIDING SERVICE	PERSON RESPONSIBLE	LOCATION	INITIATION DATE	ANTICIPATED DURATION	TERMINATION DATE
Special Education							
Related Services							
Extent of Participation in Regular Education Programs							

S-V

SAMPLE

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STUDENT'S NAME

Goal 1:

PERSONS RESPONSIBLE

NAME	POSITION

SHORT-TERM INSTRUCTIONAL OBJECTIVES	SPECIAL MEDIA AND EQUIPMENT	CRITERIA OF SUCCESSFUL PERFORMANCE	EVALUATION PROCEDURE*	EVALUATED BY WHOM?	DATE OBJECTIVE EVALUATED

SAMPLE

A-9

* Standardized Tests – Teacher-Made Pre- or Post-Test – Textbook Test – Direct Observation of Performance – Check... Scale

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STUDENT STATUS:

☐ Multidisciplinary Conference
☐ Initial IEP Meeting

STUDENT STATUS

- ☐ New
- ☐ Continuing
- ☐ Change
- ☐ Transfer
- ☐ Termination

MEETING PURPOSE

- ☐ Multidisciplinary Conference
- ☐ Initial IEP Meeting
- ☐ Annual Review

STUDENT'S NAME

PARTICIPANTS	PRINT NAME	SIGNATURE	POSITION
Parent(s)/Guardian			
Rep. of the Local District of Residence			
Teacher(s)			
Member of the Evaluation Team			
Child (where appropriate)			
Special Ed. Director (Designee) (☐ Yes ☐ No Designee)			
Others Involved in Evaluation			
Representative of Nonpublic School			
Interpreter			
Other			

SAMPLE

The following were explained:

YES	NO	
☐	☐	☐ Multidisciplinary Conference ☐ Recommended Placement ☐ IEP Meeting
☐	☐	I/We have received a copy of my child's individualized educational program.
☐	☐	I/We agree with the conference recommendations including placement.
☐	☐	I/We agree to waive the ten (10) school day preplacement period (initial or change).
☐	☐	I/We agree with the proposed evaluation(s).
☐	☐	Legal rights, including the right to object to placement, were explained and offered in writing.

Date *Signature of Parent(s) or Guardian*

Date *Signature of Staff Member Preparing Conference Report*

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ANNUAL REVIEW MEETING

EVALUATION OF PRESENT YEAR

EVALUATION DATA FOR DETERMINING WHETHER THE CHILD ACHIEVED THE SHORT-TERM OBJECTIVES	NAME OF PERSON EVALUATING CHILD'S ACHIEVEMENT	POSITION
1. Summary of Formative Data (if utilized) (charts or forms used to record achievement of short-term objectives)		
2. List of Summative Data (if utilized) (types of assessment information, e.g., achievement or post-tests, informal assessment, scores, dates)		
3. Perceptions of Program Effectiveness a. Parent Opinion		
b. Opinions of Those Working with the Student		

SAMPLE

REVISIONS AND RECOMMENDED CHANGES FOR THE NEXT YEAR

1. Complete/Revise Information on page 1.

For each of the following items, record the information on a blank duplicate of the noted page.

2. Present Level of Educational Performance (page 4)
3. Annual Goals (page 4)
4. Special Education (page 5)
5. Related Services (page 5)
6. Extent of Participation in Regular Education Program (page 5)
7. Short-Term Instructional Objectives (page 6)
8. IEP Participants at Annual Review (page 7)
9. Explanation of Parental Rights (page 7)

A. 3. MAINSTREAMING AND LEAST RESTRICTIVE ENVIRONMENT

One of the provisions of the IEP is a statement of how the special educational services are to be provided and to what extent the child will be able to participate in a regular education program. This deals directly with the idea of least restrictive environment or LRE and the term mainstreaming.

The IEP committee will determine the least restrictive environment beneficial to the individual student. In determining this, the committee will take into account the severity of the child's handicap, the intensity of the child's need for special services and the child's need for interaction with non-handicapped children.

Several types of learning environments are available, including the regular classroom, use of a resource room, a self-contained special class, a special day school, a special residential school, homebound instruction, or a combination of these. The mandate to place each child in his least restrictive environment does not mean every child must be placed in a regular classroom. Rather, it means that each child must be placed in the most appropriate setting for the child's maximum growth.

STUDY QUESTION A3: Since not all special children will be placed in a regular classroom, what sorts of handicapping conditions do you suppose you would be most likely to encounter in a regular physical education class?

B. TYPES OF HANDICAPS MOST LIKELY TO BE MAINSTREAMED
Background and Limitations

B. 1. MENTALLY HANDICAPPED

Readings: Baum, "The Human Side of Exceptionality," pp. 51-54.

Mental retardation refers to significantly below average intellectual functioning. It also refers to below average adaptive behavior, such as communication or self-help skills.

There are four classifications of degree of mental retardation ranging from mildly retarded to profoundly retarded. Please refer to Chart A for an overview of these classifications.

In a regular physical education classroom, you would normally only encounter children who are mildly mentally handicapped. These children do not necessarily look different than the rest of the class and are often not even diagnosed until they get to school. These children may exhibit characteristics in the following four areas:

a. Learning and Memory

The mildly mentally handicapped child has a poor memory and is less able to pay attention for long periods of time.

b. Language Problems

This child may display a low level of language proficiency and may also have speech defects of some type.

c. Academic Achievement

A child with an IQ of 52-67 will be behind his age-mates in academic achievement, but will go through the same developmental steps at a slower rate.

d. Social Adjustment

This child may be more difficult to motivate, and may display a poor self-concept.

CHART A

DEVELOPMENTAL CHARACTERISTICS OF THE MENTALLY RETARDED

DEGREE OF MENTAL RETARDATION	INTELLIGENCE QUOTIENT	PRE-SCHOOL 0-5 MATURATION AND DEVELOPMENT	SCHOOL AGE 6-20 TRAINING AND EDUCATION	ADULT 21 AND OVER SOCIAL AND VOCATIONAL ADEQUACY
MILD	52-67	Can develop social and communication skills; minimal retardation in sensorimotor areas; often not distinguished from normal until later age.	Can learn academic skills up to approximately sixth grade level by late teens. Can be guided toward social conformity.	Can usually achieve the social and vocational skills to allow independent living and competitive employment.
MODERATE	36-51	Can talk or learn to communicate; fair motor development; profits from training in self-help; can be managed with moderate supervision.	Can profit from training in social and occupational skills; unlikely to progress beyond second grade level in academic subjects; may learn to travel alone in familiar places.	May achieve self-maintenance in unskilled or semi-skilled work under sheltered conditions; needs supervision and guidance in a living environment.
SEVERE	20-35	Poor motor development; speech is minimal; generally unable to profit from training in self-help; often other handicaps.	Can talk or learn to communicate; can be trained in elemental self-help tasks.	May contribute partially to self-maintenance under complete supervision; can develop self-protection skills to a minimal useful level in controlled environment.
PROFOUND	Less than 20	Gross retardation, minimal capacity for functioning in sensorimotor areas; needs nursing care.	Some motor development present; may respond to minimal or limited training in self-help.	Some motor and speech development; may achieve very limited self-care; needs nursing care.

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10-70
5-74

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In order to help a mildly mentally handicapped child in the regular physical education class to function to his full potential, several teaching modifications should be made. These include:

1. Sequence your tasks and take one small step at a time. Be sure to provide lots of readiness work before moving on to another step. Back up in your sequence if a child begins to falter. Provide several different learning experiences for each sequential step.
2. Use lots of drill and repetition. This should include both verbal and physical work.
3. Have the child repeat back to you what you are teaching. This helps him rehearse and attend to the lesson.
4. Provide for increased motivation.
5. Provide consistent reinforcement. Keep track of the child's progress, and give immediate feedback if possible.
6. Measure this child's progress by his personal growth rather than what is being accomplished by the rest of the class.

STUDY QUESTION B1: Name two characteristics of a mentally handicapped child and two ways in which to modify your teaching in order to best reach this child.

B. 2. LEARNING DISABLED

Readings: Baum, pp. 7-10

A very broad definition of a learning disabled child is one who is not achieving up to potential. However, there are several more specific factors used to distinguish the learning disabled child from children with other handicaps.

First of all, the LD child displays academic retardation. He is achieving below normal and yet has a normal IQ. Therefore, he is achieving below his potential. His problems are not due to mental retardation, though a mentally handicapped child could also suffer from a learning disability.

Secondly, a learning disabled child may have a very uneven pattern of development. Some skill areas may be low while others are actually above average. Reading and language related subjects are often the areas of most difficulty. Physical skills may or may not be subaverage, so the learning disabled child will not necessarily need special help in the physical education class.

Thirdly, learning disabled children have some central nervous system dysfunction. This is often referred to as brain damage and is difficult to diagnose. The learning problems are not due to emotional disturbance, however, though emotionally handicapped children could also suffer from a learning disability.

A learning disabled child may display some of the following characteristics:

1. hyperactivity
2. perceptual-motor problems (visual, auditory or physical)
3. emotional mood shifts
4. poor coordination
5. short attention span
6. distractibility
7. poor memory or thinking skills
8. problems with speech or hearing
9. impulsivity

In working with a learning disabled child in a regular physical education class, keep in mind that this child will do best in a structured program. Make an effort to reduce the stimuli surrounding the child to cut down on hyperactivity and distractibility. This might include special physical arrangements if possible. Use a multisensory approach to teaching in order to minimize the child's learning deficits. Use visual, auditory, tactile and kinesthetic activities to provide for maximum learning. Make your instructions to this child very precise and clear. Reinforce good behavior and learning with immediate feedback. Do not reinforce poor behavior. And, as with the mentally handicapped child, make learning a series of small, sequential steps.

STUDY QUESTION B2: What three characteristics of a learning disabled child do you think would present the most problems in a physical education class? Why?

B. 3. EMOTIONALLY DISTURBED

Readings: Baum, pp. 171-177

An emotionally disturbed child is one who chronically responds to his environment in socially unacceptable or personally unsatisfying ways. These children are also sometimes referred to as behaviorally disordered. Emotional disturbances can be a long-term disorder or strictly a transitory problem. Many children suffer from transitory emotional problems brought on by trauma in their lives. An example of this might be the divorce of the child's parents.

The characteristics of an ED child are as follows:[1]

1. an inability to learn which is not explained by intellectual, sensory, neurophysical or health factors
2. inability to build or maintain satisfactory interpersonal relationships with peers or teachers
3. inappropriate or immature types of behavior under normal conditions
4. pervasive mood of unhappiness or depression
5. a tendency to develop physical symptoms associated with personal or school problems.

While there are different levels of severity for the emotionally disturbed, only the mildly handicapped will be found in the regular physical education classroom. Emotionally disturbed children learn best when they are provided with clear, consistent rules. An accepting environment, with a teacher who takes the time to establish rapport, is also important. As with the LD child, the teacher should emphasize and reinforce acceptable behavior. Reinforcement for good behavior could include tangible or social rewards. Reinforcement should be immediate and consistent.

Other ideas for dealing with an emotionally handicapped child in the regular physical education class include:

1. establish routines and clear limits to behavior <u>before</u> inappropriate behavior is displayed.

1. E. M. Bower, <u>Early Identification of Emotionally Handicapped Children in School</u>; (Springfield, Illinois: Charles C. Thomas, 1969).

2. try to reduce the stimuli in the classroom.

3. focus on successes or strengths of the student and build upon these.

STUDY QUESTION B3: What sort of routines or limits could you establish in a physical education class which might help an emotionally disturbed child function well?

B. 4. PHYSICALLY HANDICAPPED

Readings: Baum, pp. 233-235

There are many different types of physical handicaps, and these children are often the hardest to mainstream into a normal physical education class. Usually, only children with mild handicaps will be encountered by a regular physical education teacher. Below is a brief discussion of several of the more common physical handicaps likely to be seen in a regular classroom:

a. CEREBRAL PALSY

The part of the brain which controls the muscles is damaged in some way in the cerebral palsied child. This can result in paralysis of the limbs, slow movements, poor balance, spasticity or some combination of these.

b. EPILEPSY

This affliction can produce two types of seizures. In the petit mal, the child will stare straight ahead but appear to be conscious. This is deceptive, because the child is actually not conscious and will not remember anything that happened while the seizure was taking place. In a grand mal seizure, the child is quite clearly unconscious and will display uncontrolled body movements. Most seizures can be controlled today with medication, and so it is unlikely that a regular physical education teacher would witness a grand mal seizure. However, should one occur, the teacher should move objects out of the way of the student and allow the seizure to run its course. Later the student should rest.

c. SPINA BIFIDA

This is a cleft spine and, depending on where the spine is open, will cause minor or severe problems for the student. A student with spina bifida may also have a shunt, which is a tube implanted in the brain to relieve excess spinal fluid.

d. DIABETIS

This disability, though not as readily apparent as some others, is very important because physical exertion can sometimes bring on an insulin reaction. Though diabetes can largely be controlled through diet and insulin injections, it is still wise to know the signs of a reaction. These might include fatigue, thirstiness, headache, nausea, trembling and shallow breathing. If a student is experiencing a reaction, you should seek medical help.

These are a few of the most frequently encountered physical handicaps. Other problems could include asthma, arthritis, hemophilia or orthopedic problems.

While all of these handicaps place different limitations upon a child, there are some common actions which should be taken by the teacher.

First of all, recognize your limitations. Freely use any support services available to you. This would include physicians, psychologists, physical therapists, occupational therapists, special education teachers and others.

Secondly, ask yourself what the child <u>can</u> do and build upon this. Treat this child as normally as possible. Let him exercise as much independence as he can, and use his strengths whenever possible to help him bypass his weaknesses.

STUDY QUESTION B4: Choose a specific physical handicap. What steps can you take, as the regular physical education teacher, to help a student with this handicap succeed?

B. 5. SENSORY HANDICAPPED

Readings: Baum, pp. 119-124

Sensory handicapped individuals include those with speech or language problems, hearing impairments or vision deficiencies. Once again, children with severe problems in these areas will probably not be found in a regular physical education classroom, and children who have minor sensory handicaps may not need any special programming at all.

Speech and language are two different components of the communication process. Speech refers to the articulation of sounds. Language refers to the understanding and transmitting of thoughts. Speech disorders include the omission, addition or substitution of a sound or a distortion of a sound, such as a lisp. Stuttering is another fairly common speech problem. Most language problems are cases of delayed language in which the child's language is below average for his age.

In order to help a speech or language impaired child to work to his fullest potential in the regular classroom, the teacher can do several fairly simple things. Use language correctly and in abundance, thereby serving as a model. Try not to correct the child's spaech too much, and instead, focus on what the child is saying. Be understanding of different dialects. These are not considered speech problems, only variations.

The hearing impaired child will display different characteristics depending upon the severity of the impairment, and the time at which the impairment took place. If the disability is mild or even if it is severe but took place after the child had already established language, then speech and language may approach normalcy. Children suffering from a hearing impairment since birth, however, will suffer from speech and language deficiencies. Hearing impaired children may also display delayed academic and social skills due to their lack of communication skills.

The regular classroom teacher should make several modifications in order to help the hearing impaired student function in a regular class.

First, the student should be placed close to the teacher if possible. The teacher should not pace or move about, but instead, stay near the student and speak directly to the student so that any speech reading skills the student possesses can be utilized.

Secondly, depend heavily upon other modes of communication when teaching. Do not rely solely on verbal directions. Use visual aids, written instructions, demonstrations, etc, whenever possible. Encourage the child to seek clarification if he is confused.

Finally, remember that background noise makes it much harder for the hearing impaired child to hear what is important. Try to reduce the noise level whenever you can.

Students with visual impairments are not as common as students with many other disabilities because many vision problems are correctable. Some visual impairments include myopia (nearsightedness) in which the student has poor vision for objects far away; hyperopia (farsightedness) in which the student has poor, near vision; astigmatism, which produces blurry vision; muscle defects, such as crossed or lazy eyes; and genetic defects, or diseases, such as glaucoma or cataracts. Children with visual impairments may also suffer from language deficiencies and poor motor skill development.

The regular classroom teacher should rely as much as possible upon non-visual stimuli and be sure to clarify anything that is presented visually. Encourage the child to be independent, but be ready to provide assistance when you see it is necessary. Allow the child to use whatever residual vision he has by keeping him near any demonstrations or visual presentations.

STUDY QUESTION B5: What sensory handicap would you consider to be the most debilitating in a regular physical education class? Why?

C. TEACHING THE SPECIAL CHILD IN THE PHYSICAL EDUCATION CLASS

Readings: pp. 39-55 in Arnheim/Sinclair, "Physical Education for Special Populations."

C. 1. ASSESSMENT AND EVALUATION

To develop an appropriate physical education plan for the special student, an understanding of various means of assessment is necessary. According to Cratty,[1] there are three assessment objectives in adapted physical education: 1. to obtain a level of present status; 2. to aid in developing program objectives; and 3. to determine student progress.

There are several types of assessments available to the physical education teacher. AAHPERD lists five techniques in its "Testing for Impaired, Disabled, and Handicapped Individuals."[2] These are:

1. Informal Techniques - These will include observation, self-testing activities, discussions with others who work with the student, use of check-lists, rating scales, inventories and questionnaires. An example of this would be observing a child doing a forward roll and noting skill level and problems.

2. Formal Techniques - These are objective tests which have been normed on appropriate populations. These will include perceptual motor tests, such as the Purdue Perceptual Motor Survey, tests of coordination, gross and fine motor skills, tests for physical fitness, such as the AAHPERD Youth Fitness test, and tests for various sport skills.

3. Developmental Measures - These include tests for IQ, academic achievement, social-emotional behavior, speech, perception or adaptive behavior.

4. Tests made by experts - These are results of assessments made by specialists which are available to the regular physical education teacher.

5. Individual Records - These provide any additional information available which would be useful to the physical education teacher.

1. B. J. Cratty, Adapted Physical Education for Handicapped Children and Youth; (Denver: Love, 1980).

2. AAHPERD, Youth Fitness Test Manual; (Reston, Virginia: The Alliance, 1976).

Though using all of these tests may seem difficult, remember that most students will be able to take the same tests given to the rest of the physical education class. However, some formal tests may need to be altered if the skill level is too high for the special child.

The physical educator will probably only be concerned with administering the first two types of tests. The remaining measures would be given by someone else with the results being made available to the physical education teacher. Therefore, only the first two types of tests will be discussed here.

Informal techniques are used extensively by physical educators, but since these measures are subjective they present some difficulties. These techniques require the physical educator to make a judgment about a student's ability to perform a certain task. The quality of this judgment is directly related to the expertise of the educator making the evaluation. It is also difficult to compare test results between evaluators because different physical educators will view the same skill level in different ways. Informal or subjective techniques can be very helpful, but should not be the sole basis of evaluation.

Formal techniques are objective measures and, as such, do not rely so heavily on the skills of the examiner. Formal techniques would include standardized tests, which are also sometimes called norm-referenced tests. These tests have been normed by comparing the results of the tests of a large number of children who are ilar in some ways, such as age, sex, etc. The results of these tests will often be given in percentiles. Sherrill[1] states that students scoring at or below the 16th percentile will need an adapted physical education program. There are a number of standardized tests available for both regular and special populations. Several of these are discussed in the readings for this section. A copy of the AAHPERD Youth Fitness Test is available in the library as a sample of a standardized test.

1. C. Sherrill, Adapted Physical Education and Recreation; (Dubuque, Iowa: W. C. Brown Company, 1976).

Another type of formal measure is the criterion-referenced test. In this test, a specific skill is tested and a criterion is established for level of performance of this skill. For example, the student will be able to balance on one foot for ten seconds. This type of testing can take place as other activity goes on, and the teacher can simplify the task if the initial task proves too difficult for the student. A copy of an evaluation sheet from the I CAN kit is included and is an example of a criterion-referenced test.

STUDY QUESTION C1: How might you modify a test used by your cooperating teacher to better suit a handicapped student?

C. 2. MODIFYING THE LESSON PLAN

When teaching a handicapped child in a regular physical education class, the teacher will need to make some modifications in the regular program. According to Puthoff,[1] these modifications fall into four basic areas.

1. Modification of Content - The special student may simply learn different content than the regular class. The teacher may have different instructional objectives for this student. These objectives will be stated according to the student's special skill, knowledge and needs. For example, while the rest of the class is working on forward dive rolls, the objectives for the special child may call for him to be working on regular forward rolls. A modification in objectives will often also mean a modification in activities for this child.

2. Modification of Learning Rate - The special student may be expected to fulfill the same objectives as the rest of the class, but at a different rate. This student's learning pace will often be slower than that of the rest of the class.

3. Modification of Teaching Style - In order to help the handicapped

1. Martilu Puthoff, "Instructional Strategies for Mainstreaming," Mainstreaming Physical Education. National Association for Physical Education for College Women and the National College Physical Education Association for Men, 1976.

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I CAN

CLASS PERFORMANCE SCORE SHEET

PERFORMANCE OBJECTIVE: Body Parts

SCORING

Assessment:
X = Achieved
O = Not achieved

Reassessment:
■ = Achieved
Ø = Not achieved

FOCAL POINTS — STD.

a Head
b Trunk
c Arms
d Legs — 100%

a Head
b Trunk
c Arms
d Legs — 100%

a Head
b Trunk
c Arms
d Legs — 100%

a Head
b Trunk
c Arms
d Legs — 2 small body parts each

1 2 3 4 Primary Responses*

***PRIMARY RESPONSES**

N - Nonattending
NR - No response
UR - Unrelated response
O - Other (specify in comments)

NAME	a	b	c	d	a	b	c	d	a	b	c	d	a	b	c	d		COMMENTS
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		
13.																		
14.																		
15.																		

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I CAN

CLASS PERFORMANCE SCORE SHEET

PERFORMANCE OBJECTIVE: Body Parts

SCORING

Assessment:
X = Achieved
O = Not achieved

Reassessment:
■ = Achieved
◑ = Not achieved

1 With assistance — Point to or move (4 of 4)
a. Head b. Trunk c. Arms d. Legs

2 Visual cue — Move through imitation (4 of 4)
a. Head b. Trunk c. Arms d. Legs

3 Verbal cue — Point to or move on request (4 of 4)
a. Head b. Trunk c. Arms d. Legs

4 Verbal cue — Point to or move on request 2 small parts of each a. Head (nose, chin, eyes) b. Trunk (hips, shoulders, seat, chest, stomach c. Arms (elbows, hands, fingers) d. Legs (knees, feet, heels, toes, ankles)

STUDENT NAME	1	2	3	4	COMMENTS (STUDENT RESPONSE)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.		40			

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I CAN

INDIVIDUAL RECORD OF PROGRESS

BODY AWARENESS

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STUDENT NAME _____

BIRTHDATE _____
month year

Levels of Student Performance	Body Parts	Body Actions	Body Planes	Shapes and Sizes	Directions in Space	Personal Space	General Space
Primary	/	/	/	/	/	/	/
Level 1	/	/	/	/	/	/	/
Level 2	/	/	/	/	/	/	/
Level 3	/	/	/	/	/	/	/
Level 4	/				/		
	mo. yr.*	mo. yr.	mo. yr.	mo. yr.	mo. yr.	mo. yr.	mo. yr.

*Record month and year in which the level of performance was attained.

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student reach his full potential, the teacher may need to modify the way he/she teaches. For example, in teaching a hearing impaired child, the physical educator may need to provide more visual teaching, such as demonstrations, and to rely less on the auditory mode, such as lecture. In many cases, the special student can achieve the same objectives at the same rate as the rest of the class if modifications are made for his special learning style.

4. Modifications in Environment - The teacher can create different settings within the regular physical education class to provide for the needs of the special student, as well as the rest of the class. There may be opportunities for large and small group instruction, independent study and individual activities all within a particular physical education class.

In modifying the lesson plans for a regular physical education class to suit the need of a special child, the teacher should keep several considerations in mind. First, the teacher should always begin at the present skill level of the student. This is why assessment procedures and the IEP are so important. The teacher should build upon these existing strengths and should use these strengths to establish goals and objectives suitable for this student. The teacher should always ask, "What can this student do?"

Secondly, the teacher should review the limitations common to a child with a particular disability and plan to minimize these if possible. For example, a mentally handicapped child will probably have a short attention span. Changing activities frequently will help this child remain interested.

Finally, review the four modifications listed above, and when modifying a lesson plan for a special student, decide which modification or combination of modifications would benefit this student the most.

STUDY QUESTION C2: How could you modify your lesson plan to provide less stimulation for an easily distracted student?

D. SELECTED ACTIVITIES IN SPECIFIC AREAS

Readings: pp. 80-100 in Arnheim/Sinclair, "Physical Education for Special Populations."

D. 1. FUNDAMENTAL MOVEMENT APPROACH

Physical education classes are typically organized by using either the fundamental movement approach or the activity approach. The fundamental movement approach divides movement skills into three areas, locomotor, manipulation and stability. A few ideas for activities in these three areas will be discussed here, but for more ideas you can examine some of the sources listed in the bibliography.

LOCOMOTOR SKILLS. Some examples of locomotor skills are walking, running, hopping, skipping, sliding, galloping, leaping and jumping. Special students will often display more problems with these skills than regular students.

Walking. Walking depends greatly on good posture. The back should be only slightly curved with the head held directly over the shoulders. The arms should swing in opposition to the legs. Children who have difficulty with walking, such as awkward or palsied children can practice using knee-walking on a mat. Another variation is to walk while reaching across body and touching the opposite knee. Most activities can be modified to use knee-walking, walking, or a fast walk.

Running. In running, the arms should swing in opposition, the body should lean forward, and there should be a time when neither foot is touching the ground. Each of these skills can be practiced using movement exploration and modified games. Children should also be able to run in a straight line. This can be practiced by drawing a line on the playground upon which to run. If running upon a line proves too difficult, a lane which gets progressively narrower can be used.

Hopping. Hopping means leaving the ground and landing on the same foot. Only one foot is used to hop. A game like hopscotch can be used to

practice this skill. Patterns can also be taped on the floor and the child can follow them using hops.

Skipping. This is a very complex skill because it involves combining hopping and walking, is uneven rhythmically, and must be done well on both feet. Children who experience difficulty with walking or hopping will not be able to skip. Skipping is one of the latest tasks to be accomplished developmentally, with most girls learning to skip by age six or seven and most boys slightly later than that. The teacher can help a child learn to skip by breaking the task down into the two parts of step-hop. Watching themselves in a mirror can also help the child to learn skipping. (Skipping to music and clapping the rhythm helps children practice this skill.)

Sliding. This is a lateral movement which consists of a side step, and then a close step. It can be done either to the right or the left. Verbal cueing using the words, "step, together," helps the child to understand what is expected. The teacher can face the child and hold hands while practicing the slide. As skill increases, so can the tempo. Games, such as slide tag, can be used to practice this skill.

Galloping. This skill involves the same movements as sliding but is done either forward or diagonally. Verbal cueing and the use of a mirror are also helpful in teaching this skill. Many of the teaching ideas listed under skipping and sliding can also be used for galloping.

Leaping. Leaping involves the same movements as running but, instead of trying to move quickly, the child tries to achieve height or distance. To help a child practice leaping, place obstacles to leap over around the gymnasium. These could be scarves, ropes, marks on the floor, etc. Larger or wider obstacles encourage leaps of greater height and distance. A game of 'Mother May I' also encourages big leaps.

Jumping. A jump is done by landing on both feet. The take-off can be with either one or both feet. Both types of take-off should be practiced.

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To practice a one-foot take-off, have the child walk into the jump. Jumping over an obstacle is one way to practice this. For a two-foot take-off, jumping rope or jumping on a trampoline are good ways to practice.

MANIPULATION SKILLS. These skills include propulsion (throwing, striking, kicking), and receipt (catching). Controlling objects, such as a hoop, is also a manipulation skill.

Throwing. This skill involves eye-hand coordination. Teaching this skill can be begun by teaching pushing and rolling. The next step is the underhand throw and finally the overhand throw. Rolling a ball between two people, throwing a bean bag into a bucket, and playing hot potato with a ball, are ideas which can be used to practice throwing.

Striking. Striking involves hitting an object with either the hand or another implement, such as a racquet. Good eye-hand and eye-implement coordination are necessary to accomplish this skill. Bright colors and large size help the child successfully strike the object. Striking a stationary object is much easier than striking a moving target. Shortening the implement also simplifies the task. Some activities to practice striking include: striking an object from a batting T, striking a balloon, hitting a newspaper ball with a racket.

Kicking. Kicking requires eye-foot coordination. Emphasis should be placed on watching the ball as it is kicked. Soccer, or a modified version of soccer, is an excellent activity to practice kicking. Kicking a ball against a wall may also be practiced. Use targets to measure accuracy or distance. Team games which emphasize kicking can also be used. 'Boundary Ball' is an example of this, in which two teams oppose each other and try to kick a ball over the opposite goal line. Using a slightly deflated ball allows for easier control.

Catching. Catching and throwing can often be practiced at the same time, but catching is a more difficult skill than throwing. Catching skills begin with catching a rolled ball and then catching a ball the child

bounced himself, and finally catching an object thrown by someone else. A larger ball is easier to catch than a smaller one, and a slower moving object easier than a faster one. Nerf balls, bean bags and balloons are all ways of reducing fear of the ball. To practice catching, the child can play catch with himself, either in the air or bouncing the ball. Dodgeball, using a newspaper ball, practices both throwing and catching. Relays, involving catching, are easy to devise.

STABILITY SKILLS. These skills are ones in which the child does not move from place to place. They include balancing skills and movement skills, such as bending and twisting.

Balancing. Balance refers to the ability to stay in one position without falling. A balance beam can be used to practice balance, but this should be a low beam placed directly upon the floor to instill confidence. A tape mark on the floor will often accomplish the same objectives as a balance beam. Some movements which can be performed on a balance beam include; walking forward and backward, sliding, hopping, jumping, turning, crawling, standing on one foot, etc. All of these movements can also be done on the floor, and additional activities, such as balance tag, can be attempted.

Movement Skills. Some examples of skills which can be done in one place are; bending, stretching, twisting, turning, shaking, and pulling. One way to practice lots of these skills is through a game of 'Simon Says.' 'Mother May I' is another game which could be used. A game of 'Statues' encourages a child to find a different position in which to "freeze."

STUDY QUESTION D1-3: List 2 activities, other than the ones listed above, which could be used to teach, or practice one skill from each movement category to a mentally handicapped child. (Total of 6 activities required.)

D. 2. ACTIVITY APPROACH

The activity approach to the teaching of physical education would include work in individual, dual, and team sports, gymnastics, rhythmics and aquatics. There are many resources available which list specific activities to be used in different areas. Some of these are listed in the bibliography. To complete this section, you need to choose one activity area, such as volleyball, and research it further. After doing additional readings, modify your lesson plans in this area to provide for a special student. Use the modifications listed in part C. 2. Some sample modifications which could be made in teaching volleyball are:

1. Modify the equipment by using a balloon or a beach ball. Suspend this from a string to practice serving and volleying.
2. Modify teaching procedures by doing digs on mats, or catching and throwing the ball instead of hitting with the fingers.
3. Lower the net.
4. Increase the number of players on a team.
5. Move the serving line closer to the net.
6. Teach rotation skills through drills using numbers on the floor.

SUMMARY

This module has attempted to provide some background information on the modification of a regular physical education class for the inclusion of a handicapped child. It remains for the student to do further reading and study in order to modify specific physical education classes to meet the needs of all students in that class.

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